



REPLY TO  
ATTENTION OF  
IMSW-FSM-SO

**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
AND FORT SAM HOUSTON  
2250 STANLEY ROAD  
FORT SAM HOUSTON, TEXAS 78234-6100

11 JUL 2006

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: AMEDDC&S and FSH Composite Risk Management Signature Policy

1. References.

- a. Army Regulation 385-10, Army Safety Program, 29 February 2000
- b. Field Manual 100-14, Risk Management, 23 April 1998
- c. TRADOC Regulation 385-2, TRADOC Safety Program, 27 January 2000
- d. TRADOC Policy Letter, SUBJECT: Risk Management Integration and TRADOC Risk Decision Authority, 12 June 2003.

2. Composite Risk Management (CRM) is the primary technique to be used for accident prevention within the Army. CRM is an analytical technique that is used to systematically assess, eliminate, or reduce the risk associated with any operation, action, or activity. It must be a routine part of planning and executing operational missions. The process is cyclic in nature and applies from initial planning through after-action review.

3. The primary tenets of effective CRM are that commanders will accept no risk unless the potential benefit outweighs the potential loss and that risk decisions must be made at the appropriate level. Risk decision authority is based upon the residual risk of an activity after application of control measures. Successful designation of signature levels hinges upon an honest dedication to use of the Risk Level Matrix. As the AMEDDC&S and Fort Sam Houston Commanding General (CG), I have established residual risk acceptance authority as follows:

- a. Extremely high risk — MEDCOM CG, Office of the Army Surgeon General (OTSG). Any AMEDDC&S unit planning an operation with a residual risk level of EXTREMELY HIGH will forward their request through the installation commander to HQ MEDCOM, OTSG. Non-AMEDDC&S commanders wanting to conduct training or operations with a residual risk of EXTREMELY HIGH will forward their request through their MACOM chain of command to HQ MEDCOM, OTSG. Requests must include a risk assessment and the rationale or need for the acceptance of an EXTREMELY HIGH residual risk.

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b. High risk — 32<sup>nd</sup> Medical Brigade Commander for AMEDD units. Non-AMEDD units must have approval from Colonel or equivalent as designated by their parent flag officer command.

**Note:** the FSH Garrison Cdr must receive prior notification for any high-risk training.

c. Medium risk – Lieutenant Colonel or equivalent, and GS-13 and above.

d. Low risk – Any commissioned officer, E-8 and above, and GS-11 and above.

4. The point of contact for this policy is Guadalupe Gomez, Safety Manager, 221-3866, or Mary Lloyd, Safety Specialist, 295-7915.

  
RUSSELL J. CZERW  
Major General, DC  
Commanding

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